

The Interpreter Invoice Checklist for Interpreters

When preparing the invoice, please make sure the following items are entered: (numbers below correspond to the numbered fields in the attached sample invoice in Appendix A)

1. Circuit Court and the county or Baltimore City, or District Court and the county/location of the courthouse.
2. The Plaintiff/Defendant Name(s) and applicable case number(s). Use the Interpreter Invoice Attachment form for multiple cases.
3. The appropriate type of proceeding or **“Other”**.
4. The invoice date.
5. Interpreter’s name.

IMPORTANT: This section must be filled out, even if the interpreter is working for an interpretation company.

6. The interpretation company name, if applicable.
7. The interpreter or interpretation company phone number.
8. The interpreter or interpretation company address.

IMPORTANT: If P.O. Box or interpretation company address is entered, the interpreter’s true and verifiable address must be included below in Field 36. Please note that P.O. Box addresses will not be accepted for mileage calculation purposes.

9. Social Security Number or FEIN.
10. The language and dialect (if applicable) interpreted.
11. **“Trial”** box is checked if the interpreter was scheduled for a trial and guaranteed a 4-hour minimum.
12. The date of the assignment.
13. The start time of work.

IMPORTANT: For payment purposes, the start time on the invoice should correspond to the official scheduled time of the hearing. The start time is not the time when the interpreter checked in with the Clerk’s Office. If the court calls the hearing later than the scheduled time, the start time on the invoice should still correspond to the scheduled time. If an interpreter was late and arrived after the scheduled time, the start time on the invoice should be adjusted to reflect the interpreter’s late arrival.

14. The end time of work.

IMPORTANT: The end time of the assignment is the exact time the interpreter was released from his/her assignment. The end time may be periodically verified to ensure compliance. Interpreters are not paid for lunch and the lunch time must be indicated on the invoice.

15. The name of the Judge or Master.
16. The Courtroom number and location.

17. The number of hours to be paid (should be rounded up to the nearest quarter hour).

18. The correct hourly rate paid for the interpreting services.

Certified Interpreters - \$55/hour

Interpreters Eligible for Certification (the AOC offers certification exam in their language) - \$40/hour

Eligible interpreters (the AOC does not offer certification exam in their language) - \$45/hour

19. Total amount (field #17 multiplied by field #18).

20. The quantity of miles to be paid, if applicable.

IMPORTANT: Round trip mileage is paid regardless of the distance. Only **MapQuest** should be used to calculate mileage, including decimals (22.7 miles = 22.7 miles, **not 23 miles**). MapQuest “Shortest Distance” option should be used if the interpreter traveled less than 30 miles one way for the assignment. MapQuest “Shortest Time” option should be used for trips longer than 30 miles one way. MapQuest printout must be attached to the invoice.

21. The correct reimbursement rate per mile.

IMPORTANT: Please refer to the rate currently in effect, as this rate changes from time to time.

22. Total amount (field # 20 multiplied by field #21).

23. Parking expenses, if applicable. Receipts should be attached when possible.

24. Round trip travel time rounded up to the next quarter hour.

IMPORTANT: Interpreters are paid travel time fee only if they travel more than 30 miles one way to the court location. Only **MapQuest** should be used to calculate travel time. MapQuest printout must be attached to the invoice.

25. The correct hourly travel time rate. Travel time is calculated at half the regular hourly rate.

Certified interpreters - \$27.50

Eligible for certification - \$20

Eligible interpreters - \$22.50

26. The total amount due for travel time (field # 24 multiplied by # 25).

27. Date and time when the interpreter was notified of the cancellation.

28. **“Upon Arrival”** box is checked if the interpreter was notified of the cancellation upon arrival in the courthouse. Interpreter services were not needed by the court.

29. **“2 hr min.”** or **“4 hr min.”** minimum box is checked. The correct hourly interpretation rate (29) and the amount due to cancellation (29) are entered, if applicable.

IMPORTANT: If the cancellation information and amount due to cancellation is entered, the “Start” or “End” times and “Rate of Compensation” field should be left blank. See Cancellation Policy in the Court Interpreter Invoicing Manual and Guidelines FY 2011.

30. Additional charges, if applicable.

IMPORTANT: “Additional Charges” may include cab fares, hotel charges, per diem, etc. These charges must be authorized by the court and accompanied by receipts.

31. The correct total reimbursement (add fields 19, 22, 23, 26, 29, 30).
32. Interpreter or interpretation company representative signature. By signing here, the interpreter attests that the charges claimed on the invoice are correct.
33. An authorized Judiciary employee’s printed name (33), signature and date (34) and title (35). By signing here, the approver attests that the charges and calculations on the invoice are correct.

Please refer to the *Court Interpreter Invoicing Manual FY 2011* or contact Program Services Unit at (410) 260-1291 should you have any questions.

APPENDIX A



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____ (1)
City/County

Plaintiff/Defendant Name _____ (2) Case Number _____ (2)

Plaintiff/Defendant Name _____ Case Number _____

Plaintiff/Defendant Name _____ Case Number _____

Type of proceeding ☐ Criminal ☐ Civil ☐ Traffic ☐ Juvenile ☐ Other _____ (3)

Invoice #: _____

INTERPRETER INVOICE

Invoice Date: _____ (4) Interpreter Name: _____ (5)

Interpretation Company (if applicable): _____ (6) Telephone No. _____ (7)

Address*: _____ (8) SSN/FEIN: _____ (9)

Street Address

Required by the State Comptroller

City/County _____ State _____ Zip Code _____

Language/Dialect: _____ (10) Trial (4 hr min): ☐ _____ (11)

Date of Assignment: _____ (12) Actual Time: Start: _____ (13) End: _____ (14)

Judge: _____ (15) Courtroom No./Location: _____ (16)

Rate of Compensation: _____ (17) × _____ (18) per hour = \$ _____ (19)

Mileage (if applicable): _____ (20) × _____ (21) per mile = \$ _____ (22)

Parking (if applicable): _____ (23) = \$ _____ (23)

Travel time (if applicable): _____ (24) × _____ (25) = \$ _____ (26)

CANCELLATION: (less than 48 hours notice)

Interpreter Notified of Cancellation: (date/time) _____ (27) upon arrival _____ (28) ☐

☐ 2 hr min ☐ 4 hr min × _____ (29) per hour = \$ _____ (29)

Additional Charges (if applicable): _____ (30) = \$ _____ (30)

Total Reimbursement: = \$ _____ (31)

(32)

Signature of Interpreter/Company Representative

INV. DATE	REC. DATE	INVOICE #		

APPROVED FOR PAYMENT				
(33)				
Print Name _____ (34)				
Authorized Signature _____ (35)			Date _____	
Title _____				

*Interpreter's Home Address if Interpretation Company Address or P.O. Box is entered: _____

(36)

Court personnel should submit invoice to AOC within 3 business days of receipt



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR

City/County

INTERPRETER INVOICE ATTACHMENT

Invoice #: (continued) _____

Invoice Date: _____ Interpreter/Agency Name: _____

All information must be complete and legible in order to be processed for payment.

Type of proceeding ☐ Criminal ☐ Civil ☐ Traffic ☐ Juvenile ☐ Other _____

Plaintiff/Defendant Name _____ Case Number _____

Plaintiff/Defendant Name _____ Case Number _____

Plaintiff/Defendant Name _____ Case Number _____

Plaintiff/Defendant Name _____ Case Number _____

Plaintiff/Defendant Name _____ Case Number _____

Plaintiff/Defendant Name _____ Case Number _____

Plaintiff/Defendant Name _____ Case Number _____

Plaintiff/Defendant Name _____ Case Number _____

Plaintiff/Defendant Name _____ Case Number _____

Plaintiff/Defendant Name _____ Case Number _____

Additional Justification for
Policy Exceptions:

Please submit along with signed invoice.

Interpreter Invoice Attachment Page 1 of 2

